V. S. No. 1

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PHYSICIANS should state of OCCUPAtD. Every item of infor-Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. be carefully supplied. mation should N. B.—WRITE PL.

STATE OF MARYLA	ND-C	CERTIFICATE OF DEATH 9941)
1. PLACE OF DEATH		(46-8)	
County 7 any		Registration Dist. No. / 6 6	
Village or City Oar and mid	1V)	death occurred in a hospital or institution, give its NAME instead of street and number)	ard
Length of residence in city or own where death occurredyrs.		ds. How long in U.S. if of foreign birth?yrsmos	.ds.
2. FULL NAME Vacce 124dq1	M		
(a) Residence; No.		St., Ward.	
(Usual place of abode		If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULA 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED W		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write	the word)	21. DATE OF DEATH (Month) (Bay) (Year) (Year)	
5a. If married, widowed, or divorced HUSBAND of		(Month) (Day) (Year)	
(or) WIFE of Sea Unioneron.		22. I HEREBY CERTIFY, That I attended deceased fr	rom
Mules 15	365	, 19, to, 19	
	LESS than	I last saw h alive on, 19; death is s to have occurred on the date stated above, et \$ 4 5 6 m.	aid
7 a l day,	,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 rede, profession, or particular kind of work done, as SPINNER.		Date of one	iei
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Cas weren of Hamall	
work was done, as SILK MILL, SAW MILL, BANK, etc.			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) occupation (coupation)			
12. BIRTHPLACE (city or town)		Other Contributory Causes of importance:	
(State or country)			
13. NAME 14. BIRTHPLACE (city or town)			
14. BIRTHPLACE (city or town)		Name of operation Date of	
(State of country)		What test confirmed diegnosis? Was there an autopsy?	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	-	23. If death was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide? Date of injury, 19	
10 Jan 20		Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address)	1 PS	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, PREMATION, OR REMOVAL MI DOSLEST 10	1.,1935	Manner of injury	
10 Margara Emocy Soldin		24. Wes disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER (Address) Orbitalized mod		if so, specify	~
20 Dave 10. 35 miliakowa	2	(Signed) . J. Branches M.	. D
	Registrar.	(Address) On Love, Mil	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago 1921 Run over by street car Chronic interstitial nephritis 1 week ago Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
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N. B.—WRITE PL.

V. S. No. 1

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF	MARYLAND—CERTIFICATE OF DEATH	334
CF OF DEATH		

SIA	IL OI	INITAL	LAND	CERTIFICATE OF DEATH	OUST
1. PLACE OF DEATH				(91-2)	1
County Garrette	е,			Registration Dist. No. 16	
	J	occurred	yrsmos	No. St., f death occurred in a hospital or institution, give its NAME instead of street and s. How long in U.S. if of foreign birth? yrs	
				OA Word	
(a) Residence: No.		(Usual place of	f abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND ST	ATISTICA	L PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR F White	RACE 5.	single, mari Patrifie Patrifie	dwrite the word)	21. DATE OF DEATH Sep 15 1935	., 193(Year)
5a. If married, widowed, or divorced HUSBANO of Edith P	utler,			22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and ye	Par) Dec	25 18	84	1. In 150 25	e death is said
7. AGE Years N	Months	Days 20	If LESS than I day,hrs. ormin.	lo have occurred on the dale slaled above, at	- 1 00000 13 3410
8. Trade, profession, or particular kind of work done, as SPIT SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MI SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	ILL, 1930 West	II. Total tir spen occur Viegin	ne (years) tin this pation	were as follows: Muhal Jusufficency Other Contributory Causes of importance:	Oate of onset
13. NAME Samuel Fa	alkner	,			
13. NAME Samuel F: 14. BIRTHPLACE (city or town) M((State or country)		d,		Name of operation Date of Was there an	autonsy?
IS. MAIDEN NAME Martha	a J Fr:	iend,		23. If death was due to external causes (VIOL ENCE) fill in elso the followin	
15. MAIDEN NAME Martha J Friend, 16. BIRTHPLACE (city or town) Maryland, (State or country) 17. INFORMANT Called W. Va.				Accident, suicide, or homicide? Dale of injury Where did Injury occur? (Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ite)
18. BURIAL, CREMATION, OR REMOVA Place Blooming Re	L		18 19 35	Manner of injury	
19. UNOERTAKER TO SHE (Address randonvi)	arn lle, W	ed.	1	24. Was disease or injury in any way related to occupation of deceased?	Ne
20. FILEO Sept 16, 1935	Jeans	ette	Tatler Registrar.	(Signed) 8/3/Varlow (Address) Markleyplung	M. 0.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker." "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy // 9867	I week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 1	3 days ago
		The state of the s	
		and the second second	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones 7	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

state	JPA-	6
plno	OCCI	1
Sh	Jo	1
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
Y. PH	Exact	
XACTL	classified.	
stated E	properly	TION is very important. See instructions on back of certificate.
pe	pe	jo
plnods	it may	n back
AGE	o that	tions o
upplied.	terms, s	e instruc
S	lain	Se
careful	TH in p	portant.
l be	EA	im
should	OFD	s very
mation	CAUSE	TION i

STATE OF	MARY	AND-CER	TIFICATE	OF	DEATH
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1. PLACE OF DEATH			(23)		
County Garrett	72	1	Registration Dist. No.		
Village or City Crellis	1/6	/	NoSt.,Ward		
Length of residence in city or town where	death occurred /	A	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mos		
2 FILL NAME To th	m	eg.	4.0		
2. FULL NAME Imoth	t-Odelson	K. L.Kma			
(a) Residence: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
Male 4. COLOR DR RACE 5. SINGLE, MARRIED, WIDDWED, OR DEVORCED (write the word)		D (write the word)	21. DATE OF DEATH 79 1935 (Year)		
5a. If married, widowed, or divorced HUSBAND of	2. Gilm	are.			
(or) WIFE of	ш.		22. I HEREBY CERTLEY, That I attended deceased from		
6. DATE OF BIRTH (month, day, end year)	2	1867	last saw h alive on Depth 27, 1935; death is said		
7. AGE Years Months	The state of		to have occurred on the date stated above, at \$55-m.p		
68 3	25	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance		
8. Trade, profession, or particular		r or	were as follows:		
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc			Fleetmoury,		
Aind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at			And Inc. and and		
SAW MILL, BANK, etc	11 Total t	time (years)			
o this occupation (month and year)	spe	nt in this upation			
Pind	mant		Other Contributory Causes of importence:		
12. BIRTHPLACE (city or town) (State or country)		Va			
W 13. NAME Michael	ilmas	0 .			
13. NAME Michael 3	alman		Neme of operation Date of		
(State or country)	er	eland	What test confirmed diagnosis?		
15. MAIDEN NAME Margar	et D	usan	23. If death was due to external causes (VIDLENCE) fill in also the following:		
15. MAIDEN NAME Margar	Galena	e d	Accident, suicide, or homicide? Date of injury, 19		
(State or country)	110	Ireland	Where did injury occur?		
17. INFORMANT Mrg. Lever (Address) & Lellin	T. Til	mod	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, DR REMOVAL			Manner of Injury		
Place Mesternport, m	d Date Sep	t. 30, 1935	Neture of injury		
19. UNDERTAKER Mr. Bal			24. Was disease or Injury in any way related to occupation of deceased?		
	akland	, md	If so, specify		
20. FILED Sept 29 1935	ulis,	Powan	(Signed)		
		Registrar.	(Address)		

If more blanks are needed, address State Registrar, 24s t N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		and the same of th	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car 8 100	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		The state of the s		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 m of Occupa-

STATE OF MARYLAND— 1. PLACE OF DEATH	CERTIFICATE OF DEATH 9943
now he att	Registration Dist. No.
Williams on City A	No. St., Ward
Village of City frams. And Types	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Scharles Haarel	If U.S. Yeteran specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the word)	A DATE OF BEATH 10 193 35
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from
March Hooney	, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) May 18-1860	I last saw h; death is sald
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at line from
75 5 18 ormin.	The PRINCIPAL CAUSE OF DEATH and related gauses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	1) Moure Valvular
SAWYER, BOOKKEEPER, etc.	plant disease
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spent in this occupation (month and	
this occupation (month and year) spent in this difference occupation.	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) all a	
13. NAME Kall Hoosey	
13. NAME Kall HOOSE 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsyz
15. MAIDEN NAME Raslanna Durst	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Raslanna Dorst 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
≥ (State or country) ON A	Where did injury occur?
17. INFORMANT Darah Stooner (Address) francis Md	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Doomes lumelaspate 9-12, 1980	Nature of injury
19. UNDERTAKER Allow assistables	24. Was disease or injury in any way related to occupation of deceased?
(Address) gronesulle al a	If so, specify A
20, FILED Cupst-12,1935 674 Dill	(Signed) Duas J. Gelle J. F. acting Groner M. D.
Registrar.	(Address) Grantsville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I The principal cause of death and related causes Date of onset of importance were as follows:		Example II The principal cause of death and related causes Date of onset of importance were as follows:	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	- Language State of the State o		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registration Dist. No.

Accident, suicide, or homicide?______ Date of injury______ 19

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

(Specify city or town, county and State)

If nonresident give city or town and State

ERTIFY That attended deceased from

10	19 30
19-3	; death is said
nce	Date of onset
] 	Jue 79:
Date of	utops/10

OF DEATH

CAUSE

16. BIRTHPLACE (city or town) (State or country

18. BURIAL, CREMATION, OF REMOVAL

(Address)

If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Where did injury occur? ____

Manner of Injury

Nature of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in demestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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4 DIAGE OF STATES	
1. PLACE OF DEATH	(89-3)
County 4 and l	Registration Dist. No. 164
	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	osds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Solara Codella Pla	LAL If U.S. Veteran specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Thermale Office of the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced	
HUSBAND of Theadone le Kalal	22. I HEREBY CERTIFY That I attended stressed from
6. DATE OF BIRTH (month, day, and year) Lon 21 - 1901	I last saw h. L. alive on Jeff 14, 1995; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
34 7 24 1 day,hrs	the a se follows:
8. Trade, profession, or particular kind of work done as SPINNER	Chronic Otorrhea of right early
kind of work done, as SPINNER, About Might	POLYPI removed- Oct.1934 1934:
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Mastoid Operation March 1935-
10. Oate deceased last worked at 11. Total time (years)	
this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Old	Other Contributory Causes of Importance:
(State or country)	
13. NAME Lower Resh	
13. NAME James Reah 14. BIRTHPLACE (city or town) M. A.	Name of operation Oate of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME anabell Stanton	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Concluded Standard 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
E (State or country) Al A	Where did Injury occur?
17. INFORMANT I headen to Kaled	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) accident and	
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Calledon Oate 9-17, 19,35	Nature of injury
19. UNOERTAKER Alm Almbulus (Address) Handrille	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Supt 17 1935 Q & Richter	(Signed)
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	OCT 5 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	BURBAU V.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	OUREMU V.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3946
1. PLACE OF DEATH	82.2
County Lanet	Registration Dist. No. 163
Village or City Near Bloomington Ma	No. St., Ward
(li	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 3	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Berdell Ealon Law	ence
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("under the word) OR DIVORCED ("under the word)	21. DATE OF DEATH
5a, If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO OF anna Lawernce	22. HEREBY CERTIFY. That Lettender deceased from
6 DATE OF BIRTH (month day and wass) March 12, 1863	7 195 10 AM 195 1
7. AGE Years Months Days If LESS than	I lass saw h
7 5 2 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Grade profession or particular	were as follows:
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	July Williams
Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oato deceased last worked at this occupation (month and	
10. Oato deceased last worked at this occupation (month and year) occupation	
12, BIRTHPLACE (city or town) Morris	Other Coutributory Causes of importance:
(State or country) new Mork	(without Thromboois)
13. NAME John A Lawarnal	
14. BIRTHPLACE (city or town) A A	Name of operation Oate of Oate of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Cleste Elaton	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Cleste Elaton 16. BIRTHPLACE (city or town). Anew Month (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Cacil A Lawernel (Address) Keyser Wila	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Wilson md. Cementer Sept 10, 1935	Nature of injury
19. UNDERTAKER Othe F. Shareless	24. Was disease prinjury in any way related to occupation of deceased?
(Address) Claine WVat	If so, specify
20. FILED apt 10, 195 Donzey Pattien	(Signed) Avanay Pelves M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	- 10.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	~ 100	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car.	19 200	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	HECEL	3 days ago
			OBAL STEEL	
Other contributory causes of importance:		Other contributory	causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

V. S. No. 1 N. B.—V

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STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
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10	14	73	1
6	0	A	6

1. PLACE OF DEATH				93-c
County Garrett				Registration Dist. No. 166
Village or City Qaklans			(if	No. St., Was death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign blrth?
2. FULL NAME James	Jose	ph Ma	roney	
(a) Residence: No. 508-	High	St. (Usual place	e of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STAT	TISTICA	L PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RAC			RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH September, 1, 1935 (Month) (Day) (Year)
58. If married, widowed, or divorced HUSBAND of (er)-WHFE of Mary Ell				22. I HEREBY CERTIFY, That I attanded deceased fr Aug. 31, 19 35, to Sept. 1, 19 3
6. DATE OF BIRTH (month, day, and year)	Tover	ber,	24, 1867	I last saw him alive on Aug. 28. 19 3, death is s
7. AGE Years Mont	hs	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4: Am.
67 9		7	ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc	^R Care Ceme	tery	of Oakland time (years)	Chronic Myocorditis Degeneration Arterio sclerosis
this occupation (month and year) 12. BIRTHPLACE (city or town) ORK: (State or country)	land,	Spi	ent in this cupation	Other Contributory Causes of importanca:
13. NAME Michael Ma	roney			
13. NAME Michael Ma 14. BIRTHPLACE (city or town) (Stete or country)	relan	ıd		Name of operation Date of Was there an autopsy?
15. MAIDEN NAMEBridget	Keef			23. If death was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAMEBridget 16. BIRTHPLACE (city or town) Du (State or country)	olin,	Irel	and	Accident, suicida, or homicide?
17. INFORMANT Edward Mar (Addrass) Oakland,	ney Md.			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	D	et.Sept	3 ,1935	Manner of Injury
19. UNDERTAKER Emory Bol (Address) Oakland	en d.)	24. Wes disease or injury In any way related to occupation of deceased?
20. FILE Sept. 2, 19 35	uli	a.Ke	Registrar.	(Signad) / Sanghersky M (Address) Oskeland MA
JI	more blank	s are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	i	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy S A	1 week ago
Chronic interstitial nephritis	1921	Run over by street car 8 100	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 4501	3 days ago
		103813033	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY.

AGE should be

mation should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

N. B.-WRITE PLA

STATE OF MARYI AND CERTIFICATE OF DEATH PHYSICIANS should state AD. Every item of infor-Exact statement of OCCUPA-

1 DIAGE OF DEATH	CERTIFICATE OF DEATH
1. PLACE OF DEATH	177
County Saven -	Registration Dist. No. 1
Village or City The Survey	No. St., Ward death accurred in a hospital or institution, give its NAME instead of street and number)
	dean occurred in a Mospital of Institution, give its 1421/12 instead of street and number? ds. How long in U. S. if of foreign birth?
2. FULL NAME Clema Ruth Jan	-gr
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH 9 9 193 28
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended daceased from
(0)	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, **/0,**** / -m.
2 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	lu 1
9. Industry or business in which work was done, as SILK MILL,	tocky 1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1 Jun
this occupation (month and spant in this occupation occupation	
Theres Marco	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (Stata or country)	
1 15 3	-
13. NAME 14. BIRTHPLACE (city or town).	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of
A STATE OF THE STA	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME BESSEL Francisco St. 16. BIRTHPLACE (city or town) Blancom St. 200	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT O ONLY O ONLY O ONLY ONLY ONLY ONLY ONL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place YMC grand Date Date 1932	Nature of injury
19 UNDERTAKER BHA To Sharfiless	24. Was disease or injury in any way related to occupation of deceased?
(Address) 82 cml 9 mag	If so, specify
20 SHED 9/9 135 AH Barrick	(Signed) (Signed) M. D.
Registrar.	(Address) Blanc, W. 13

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	II.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
9-9-25: The fother states that the child developed a dissible
Juledon't died about 10:10 Am today - This child maker have died of Cholera
"Montain - as I sent some diarrhoen neclini & the child it 6 Am tolow and
home the Hesting It is my openin that llast was due & store come - There
never sen to died a trested to child vice to a stated ofore.
ms my - Blain

N. B.-

of OCCUPA-

	MARYLAND-	CERTIFICATE OF DEATH	9949
1. PLACE OF DEATH		107-2	166
County Garrett	3 3	Registration Dist. No. X	
Village or City Oakland, Mar	yland	ND. St., f death occurred in a hospital or institution, give its NAME instead of street a	Ward
Length of residence in city or town where death occ		death occurred the inorphation manually give to the Alvie based of street of	
2. FULL NAME George Edga	r Purnell		
(a) Residence: No. R. D. Oakla	nd, Md.	St., Ward.	
	Jaual place of abode)	If nonresident give city or town	
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	-1
OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word) arried	21. DATE OF DEATH September 28, (Month) (Day)	193 <u>5</u> (Year)
5a. If married, widowed, or divorced HUSBAND of Mary Martha Pur (or) WHE of Mary Martha	nell	22. I HEREBY CERTIFY, That I atten	ided deceased from
6. DATE OF BIRTH (month, day, end year) Feb. 2	24. 1879	I last saw h. M. elive on Sant Z. 19.	
7. AGE Years Months	Days ILLESS than	to have occurred on the date stated above, at5A_am.	
56 7	5 l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Frade, profession, or particular kind of work done, as SPINNER,	Miner	Bank	
Industry or business in which		10 rone wetare	
work wes done, as SILK MILL, COal	Mine		
10 Date deceased last worked et this occupation (month and 35 year)	11. Total time (yeers) spent in this9 occupation 9 yrs		
12. BIRTHPLACE (city or town) Piedmont, (State or country) Mineral Co	W. Va.	Other Contributory Causes of importance:	Style .
13. NAME John William Pur	nell		
14. BIRTHPLACE (city or town) Piedmont (State or country) Mineral	. W. Va.	Name of operation Date What test confirmed diagnosis?	
E 15. MAIDEN NAME Eliza Bosley	7	23. If deeth was due to external causes (VIOLENCE) fill in also the folio	
16. BIRTHPLACE (city or town) Oakland, (State or country) Garrett	Md.	Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17. INFORMANT Walter Welch (Address) Oakland, Md.	=	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, EREMATION, OR REMOVAL Place Oakland, Md. Date	Sept. 30,1935	Manner of injury	
19. UNDERTAKER Herbert C. Leig (Address) Mountain Lake F	ghton ark, Md.	24. Was dispase or injury in any way related to occupation of deceased If so, specify	7 /0
20. FILED Sept 29 , 1935 Julia	и ,	(Signed) & Mm Laum Arkels	M. D

VIf more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regioning V. S. Flo. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	-1.8	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RIREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 9950
1. PLACE OF DEATH	(in)
County Garrette,	Registration Dist. No.
Village or City Fearer, Md,	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME AMOS M Umbel,	sds. How long in U.S. if of foreign birth?yrsmosds.
ALL OND HAIVE	Ot Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (qurite the word) Married,	21. DATE OF DEATH Sep. 2, 1935 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Calkarine Umbel	22. 1 HEREBY CERTIFY, That I attended deceased from 19.35 to 2.35 19.35
6. DATE OF BIRTH (month, day, and year) June 1 1858	Hast saw h alive on Cary 23d , 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
77 3 1 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and this progration (month an	Heart- Hykertrotaty
Industry or business in which work was done, as SILK MILL,	Chronic myocarditio and mitral re-
SAW MILL, BANK, etc.	Jurgitation . Durotton 3. Five years Juff
O 10. Data deceased last worked at this occupation (month and 1932) spent in this occupation occupation	
Pennsylvania	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	artena
13. NAME Michael Umbel,	Told age
13. NAME Michael Umbel, 14. BIRTHPLACE (city or town) Pennsylvania,	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Morriah Van Siekle,	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Morriah Van Siekle, 16. BIRTHPLACE (city or town) West Virginia,	Accident, suicide, or homicida? Date of injury19
State or country)	Where did injury occur?
17. INFORMANT Clarence (Impel (Address) Sar Fearer, Md,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Sands Springs, Cem- Sep 4 35	Manner of injury
19. UNDERTAKER LA GAMMENT (Address) Brandonville, W.Va,	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sept 3, 19.35 Jesnnette Statles.	(Signed) Alexander M.D. (Address) Frencherle Jud.
VIf more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy S Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 -Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

THE RESIDENCE OF THE PARTY OF T			

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1. PLACE OF DEATH	MARYLAND-	CERTIFICATE OF DEATH	3321		
1 1/4		920			
County Carrie	mt	Registration Dist. No. /6/			
Village or City Pearer V		No			
Length of rasidence in city or town where death of		ds. How long in U.S. If of foraign birth?yrsm	osds.		
2. FULL NAME Mary Com	carin limbe				
(a) Residence: No.	(Usual place of abode)	St., Ward.			
PERSONAL AND STATISTICAL		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State		
3. SEX 4. COLOR OR RACE 5. SI	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH turber 18th	^ كـوور		
5a. If marriad, widowad, or divorced	widowij	(Month) (Day)	(Yaar)		
HUSBAND of Cor) WIFE of R. M. Lunbul		22. I HEREBY CERTIFY. That I attended	deceased from		
6. DATE OF BIRTH (month, day, and yaar) 2	y 9th 1860	1 1 1 1 1 THE	death is sald		
7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated above, at 6 A _ m.			
75- 4	9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:	1		
8. Trada, profassion, or particular kind of work dona, as SPINNER, How SAWYER, BOOKKEEPER, atc.	use Work	Condocardelis Chreme	Date of shoot		
kind of work dona as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at this occupation (month and	house	mitial regurgation	1934		
10. Data deceased last worked at this occupation (month and 1935	11. Total time (years) spent in this 60 years				
V		Other Contributory Causes of importance;	0		
12. BIRTHPLACE (city or town) (Stata ar country)		Artesioscleroses	107/-		
II 13. NAME John Ir Sava	1		11.30		
14. BIRTHPLACE (city or town)		Name of operation Data of	-		
(Stata or country) mary	land	Nama of operation Data of What tast confirmed diagnosis? Was there are a			
15. MAIDEN NAME VILLE, A, L	unbel	23. If death was due to external causes (VIOL ENCE) fill in also tha following			
15. MAIDEN NAME White, A, L	A	Accident, sulcida, or homicide? Date of injury			
State or country)	and	Whera did injury occur?			
17. INFORMANT Of Junio	el er Mel	(Specify city or town, county and Stat Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.		
18. BURIAL, CREMATION, OB REMOVAL	1.1.	Manner of injury			
Place and Spling Da	te Sept 20, 1935	Natura of injury			
19. UNDERTAKER & Go Harn	ed	24. Was disaase or Injury in any way related to occupation of deceased?	no		
(Addrass) Brandonville	4.72	If so, specify			
20. FILED Sept 19, 19 Jeannell	In Staller	(Signed) It. W. Mush gut	M. D.		
	Registrar.	(Address) fruitsville?	my		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis = 50 F (1)	3 days ago	
Other contributory causes of importance:		Other contributory causes of Importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.—

		S	TATE (OF MAR	YLAND-	CERTIFICATE	OF DEAT	H	172
1. Pl	LACE OF	DEAT	Н			93-e		_	12
C	County	lau	rett				Registration Di	st. No.	2
٧	illage or Cit	1.20	etym	iller)	No		st.,	Ward
L	ength of reside	nce in cit	y or town where	death occurred 2		death occurred in a hospital or institu-			
	ULL NAM	,	Hald	:0. (Danni	ck.			
	a) Residence		0.0-000		~ ~ ~ ~ ~	St., Ward.			
(1	a) Nesidence	. 110		(Usual place	of abode)		If nonresident giv	ve cily or town an	d State
F	PERSONA	LAN	D STATIST	ICAL PART	ICULARS	MEDICAL C	ERTIFICATE O	OF DEATH	
JEN JEN	nale	4. COLO	lete Lite	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED,	21. DATE OF DEATH	Sept	17	, 193 5
5a. If me	WIFE of	Tie	Prest	13 W	mick	22. I HEREB	Y CERTIFY.	That I attended	dacaased from
	07 010711		7	nauli	1850	l last saw h a alive on	Les 17	1971	: death is said
7. AGE	OF BIRTH (m		, and year) / Months	Days	If LESS than	to have occurred on the date stat	ted above, at 9 15	0	, ucatii is saiu
	7	7	4	1.3	1 day,hrs.	The PRINCIPAL CAUSE OF DEA		of Importance	
Z 8.	Trade, profess kind of wo SAWYER, E	rk dona, a	s SPINNER,	Haces	ework	Claut Helal	on y he	St.	Date of onset
OCCUPATION 10.	Industry or bu	siness in lone, as S	which ILK MILL	4					
10.	Data deceased this occupa year)	last wor	ked at	spe	time (years) ent in this upation		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	THPLACE (city		Jan	rett Co	enty	Other Contributory Causes of Imp	oortance:	dito	4-20-21
1	NAME Z	till	iem	121.13	arnard	Setrili	G		4-20-21
13. F	BIRTHPLACE ((State or c		mar	ylan	Localy	Name of operation	These Evan	Date of	autopsy?
监 15. 1	MAIDEN NAM	E YCC	rue	I Tec	mer/	23. If death was due to external ca			
15. I	BIRTHPLACE (wn) Da	الملايا	quity	Accident, suicide, or homicide?	Da	ta of injury	, 19
2	(State or o	ountry)	may	ylan	1	Where did injury occur?	(Specify city or to	wn, county and St	ale)
17. INFO	RMANT 5	ile	mel	lu ,	nt.	Specify whether injury occurred	in INDÚSTRÝ, in HOMI	E, or in PUBLIC P	LACE.
18.30RI	AL CREMATION	OP	EMOVAL TE	4 500	+20 .35	Manner of injury			
Ched	trul &	200	A. 740	Date_Date	, 1955	Nature of injury			
Maria and a second	ERTAKER . (Address)	130	a J	harp	Us (24. Was disease or injury in any	way related to occupati	on of decaased?	hs
20. FILE	dept	19.	35-6	140	anus	(Signad)	Siss	m l	M. D.

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